

Direct Connect

RAI Conference Highlights

Inside this issue:

RAI Conference	1
Quality of Life Satellite	1
Special Focus Facilities	2
Scope & Severity Contract	3
Two New Branch Chiefs Named	3
Before You Call	4
Highlights & Upcoming Events	4

State Performance Protocol:

Information regarding the State Performance Standards including the FY 2002 Protocol, Score Sheets and Related Documents, Appendix A, and Additional Information regarding Standard 7 can be found at www.cms.hhs.gov/medicaid/survey-cert/sa-ro.asp.

On August 6 – 8, 2002, the Division of Nursing Homes held its annual Resident Assessment Instrument (RAI) Conference in Annapolis, Maryland. A total of 130 attended from State, Regional, Professional Organizations and Central Office.

The conference began with our most valued MDS leader Helene Fredeking, whose speech was lively and informative. She started with a little history and worked into CMS' vision for the future. After the overview, we initiated an "MDS Boot Camp" presentation that was a unique training/learning experience. The "Sergeant" captured and held the attention of the audience, and created an exciting and memorable kick-off enjoyed by all.

During the three-day conference participants were introduced to and provided with a draft copy of the updated RAI User's Manual, the first revision since its inception in 1995. The update includes information that was not available when the original manual was published. New topics included instructions on correction policy, electronic record submission, tracking forms, and Medicare payment including the new Medicare PPS Assessment Form (MPAF) and the new Swing Bed-MDS requirements that became effective July 1, 2002. In addition, the MDS Q & As issued over the years were integrated into the body of the manual providing clarification to problematic clinical areas and related coding items.

The draft document has been posted on the CMS web site for a comment period ending on September 9, 2002. The CMS Project Team is confident that the updated RAI User's Manual 2.0 will support clinicians in the field and enhance the accuracy of resident assessments. CMS plans to release

focusing on "Taking the Mystery Out of Mental Illness in Nursing Homes." Dr. Wehry gave the coordinators some concrete tools to help accurately assess residents with signs and symptoms of mental illness.

On the final day of the conference, RAI

Coordinators were given an overview of the new Swing Bed-MDS (SB/MDS) assessment tool. Since the clinical coding requirements for swing bed providers are the same as for SNFs, the State RAI Coordinators will be responsible for training swing bed hospital staff on the SB/MDS process.

To lighten the mood and provide a relaxing atmosphere where people could mingle and share stories, a boat cruise was arranged. Almost everyone attended the cruise on the Harbour Queen and enjoyed good food, drink and music. The night turned out to be a wonderful time.



Susan Wehry, Dana Burley, Mary Pratt, Sheryl Rosenfield, Lisa Hines, Rosemary Dunn on Annapolis Cruise

the final manual later this year.

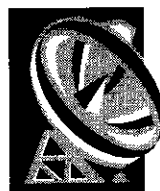
In addition, the RAI Coordinators were introduced to an overview of the **Data Assessment and Verification (DAVE)** project by Computer Sciences Corporation contract staff. The goal of the DAVE contract is to improve the accuracy of MDS resident assessment data. The presentation emphasized the project's core components: data analyses, off-site and on-site review activities, and educational efforts.

We were very pleased to have Dr. Susan Wehry provide a presentation

Once again, the RAI Conference was a huge success. It was a good time for learning and sharing information, getting a face to match a name, and just having some fun. With this year's conference behind us, we are turning our attention toward finalizing the manual and getting MDS version 3.0 completed.

Rosemary Dunn
Tina Miller

Come One, Come All to the Really Big Show!



Innovations in Quality of Life: Introducing the Pioneer Network

Hear from 4 key experts on September 27 at 1 pm about exciting changes Pioneer Network nursing homes are making, such as dining when you wish, sleeping till you want to get up, turning

"units" into "households," pets and kids and even bathing warm and snugly. Carmen Bowman will present survey and regulatory issues, and we will have two live question sessions. Room S2-20-01 has been reserved for you to watch on TV.

Karen Schoenemann

Are We Still Doing Special Focus Facilities?

Yes. The SFF program, begun in 1999, was designed to provide a higher level of scrutiny of some of the worst performing nursing homes in each State, without reducing the frequency of surveys of other nursing homes.

History

Special Focus Facilities (SFFs) comprise a group of more than 100 nursing homes nationally that have performed poorly on annual HCFA recertification and complaint surveys. The stated goal of the Special Focus Facilities (SFF) program is to bring the Special Focus Facilities back into compliance with nursing home regulatory requirements and help them remain in compliance. The ultimate, though unstated, goal is to improve quality of care and quality of life for the residents of these facilities.

Under this program, CMS expected States to conduct standard surveys of these nursing homes twice each year, rather than approximately annually as is the usual practice. At the program's start in early 1999, each State selected at least two SFFs from a list of candidate facilities that HCFA prepared. 110 facilities were selected to participate in first few months of 1999 from a list of candidate facilities prepared with OSCAR survey data extracted in November 1998.

Graduation Criteria

Currently, SFFs must attain substantial compliance on two consecutive standard surveys and have no substantiated complaints of scope and severity greater than "C" in-between to graduate. This is the original graduation criteria and that which should be currently utilized.

Selection & Replacement Criteria

Each year, subsequent to the program's inception in 1999, CMS has selected a new set of candidate facilities using the same methodology developed for the original candidate list. From this annual candidate list, states may select replacements for facilities that drop out of the program, either due to graduation or termination. The last replacement listing was issued in August 2001 and a new one will be forthcoming.

The Special Focus Facility (SFF) score is comprised of two scores, the standard survey score and the complaint score. The standard survey score is the sum of the individual scores for each deficiency cited during the most recent standard survey as entered in OSCAR. The score for each deficiency is determined by the scope and severity of the deficiency, with deficiencies of scope and severity less than "F" not considered. The table below shows the scores assigned to each deficiency. If the deficiency is classified as "substandard quality of care" the score for the deficiency is multiplied by a factor of two.

Scope & Severity of Deficiency	Scope	Score if SQC
F	4	8
G	2	4
H	13	26
I	111	222
J	83	166
K	125	250
L	250	500

The complaint score is four times the sum of the number of complaint deficiencies cited in the prior 18 month period (no weighting employed). The SFF score is the sum of the standard survey score and the complaint score. SFF scores are then ranked by State, and the four highest scoring facilities for each State are selected, with ties included.

Monthly Reporting

Each state is to submit monthly reports on the progress and activity of each of their Special Focus Facilities. An electronic form is available for those who wish to report in this manner.

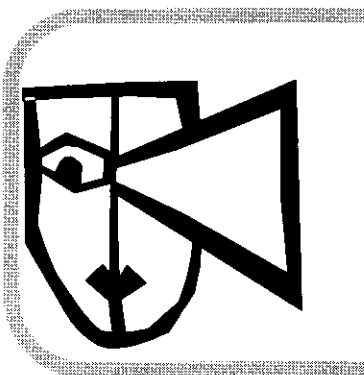
Analysis

Currently, there are 115 SFFs indicated as active in the program. 78 of these are members of the 110 original selections. 38 facilities have been dropped from the program since January 1999: 17 due to termination, 13 due to graduation, and 8 for other reasons. 43 facilities have been added to the program since January 1999, bringing the total count of facilities that have ever been active in the program to 153.

Dan Zeller (410) 786-9667

Note:

At the Survey & Certification call on August 28th the issue of a FMS survey on a SFF was raised. We are currently looking into our policies.



Scope and Severity Contract

In January 2001, the American Institutes for Research and CMS convened expert panels consisting of national subject matter experts and state and federal regulators to review and develop severity guidance. This project is to facilitate more accurate and consistent determinations of severity.



"This project is to facilitate more accurate and consistent determinations of severity"

- Five sets of tags were selected for review: F314 Pressure Ulcers, 315/316 Catheters and Incontinence, F248/249 Activities, F325 Nutritional parameters, and F371 Storage, preparation, distribution, and serving of food under sanitary conditions. F314, 315/316, and F248/249 were mailed out for the first public comments in September 2001. Based on the public comments, the severity determinations and interpretative guidance for surveyors is being revised.
- We have completed the revisions for F314 Pressure Ulcers and it will be mailed out for the second public comment period by August 30th.
- We have reviewed the public comments for F315/316 and are in the process of revising the guidance and severity determinations. It will be mailed out for the second public comment in the future.
- F371 is under revision and will be mailed out for the first public comment soon.
- For F325 nutritional parameter, the panel will be reconvening in October 2002 to expand the guidance and severity determinations.
- During the review of the public comments for Activities, the panel realized that more guidance is needed to establish psychosocial harm. Karen Schoeneman and Jeane Nitsch are in the process of convening a panel of subject matter experts to discuss psychosocial harm and outcome.

- Based on the public comments, CMS has modified the contract work with AIR to include changes in the method of determining the criteria for the specific severity levels, more enhanced explanations of considerations for specific levels of harm, and enhancement of the interpretative guidance.

We will be sending out a notice within the next week to solicit nominations for panel members for the next grouping of tags. These include:

- F323/324- Accidents and Supervision
- F329/331- Unnecessary Drugs
- F428-430- Drug Regimen Review
- F425-427, F431, F432- Pharmaceutical Services
- F501- Medical Director
- 520-521- Quality Assurance

By Linda Smith (410) 786-5650

Two Branch Chiefs Named

Philadelphia Regional Office: Paul Velez, Survey Branch Chief

Mr. Velez comes to the Regional Office with over 17 years as an administrator and manager in the health care industry. His most recent assignment was Director of Customer and Administrative Services at the New York Presbyterian Hospital. In this capacity, he served as a member of the Quality Improvement Committee and as the project lead for the hospital's health plan inspections. Mr. Velez holds a Master of Science Degree in Health Care Management from Iona College, New Rochelle, New York.

New York Regional Office: Stephanie Senior, Division of Medicaid and State Operations

Ms. Senior was appointed as a Quality Management Review Specialist, GS-13 in 1998. She has demonstrated outstanding leadership skill in coordinating the Organ Procurement Organization Program for the CMS Northeast Consortium. She has gained national recognition for her work in this endeavor. In addition, she has assumed responsibility when called upon to assist with federal surveys in hospitals, and she assisted the Atlanta Regional Office in clearing the backlog of Emergency Medical Treatment and Labor Act (EMTALA) enforcement actions.

Prior to joining the then Health Care Financing Administration, Stephanie worked for 10 years as a nurse manager in hospital settings, and as Assistant Director, Consumer Relations/Quality Assurance for the Island Peer Review Organization.

Under Ms. Senior's leadership, we believe that the State Operations Branch will succeed in performing its responsibilities on behalf of Medicare, Medicaid and S-CHIP beneficiaries in New Jersey, Puerto Rico and the U.S. Virgin Islands.



DIVISION OF NURSING HOMES

7500 Security Boulevard
S2-12-25
Baltimore, Maryland 21244



Before You Call . . .

In an effort to support consistency, we are asking each of you to remind your States to send questions and concerns to you first. Central Office staff receive numerous calls and e-mails directly from the States. We want to make sure that questions are sent to you so you can track issues to know whether the issue is a regional concern or contained in one State and whether the issue has already been addressed.

If you determine that the question has national implications or needs a policy decision from Central Office, we request that you

forward those questions to us. We ask that prior to sending issues to the CO, that you discuss the issue within your group and contact your General Council if the concern requires a legal interpretation. Issues sent to us should include background on the case, GC's input and your opinion. Of course, we continue to be available in emergency situations.

We all need to work together to improve the flow of communications to and from the States and CMS.

**Survey & Cert
Letters on the
Web—www.cms.gov**

Recent Survey & Certification Letters Related to Nursing Homes

S&C-02-39

Nursing Home That Has No Arrangement to Provide Dialysis Services to Its Residents

S&C-02-40

Budget Call Letter

S&C-02-42

Use of Civil Money Penalty (CMP) Funds by States

Web Address

<http://www.cms.hhs.gov/medicaid/ltrcsp/ltrcmemos.asp>

Open Door Calls

Tom Scully's long term care open door calls have raised the following issues in the last month or so:

- Feeding Assistants — can providers or States begin feeding assistants programs before the final rule is published? **No**
- When do we expect the feeding regulation to be published? **March 2003**
- Is funding included in the FY2003 S&C budget for the nursing home quality initiative with QIOs? **Coordinate-**

tion with QIOs is included in the FY2003 budget call letter. We expect that States must completed their statutorily mandated functions first.

- Can the RO change survey findings once it has gone through the State's IDR process? **The caller hasn't given specific facts. However, we've heard from several of you regarding this issue. We will be posting some information on the "Direct Connect" system for your review and comment.**

Highlights & Upcoming Events

August Highlights

- **RAI Conference — August**
6-8; Annapolis, MD

September

- **Nursing Home Quality Initiative Satellite — Sept 20,**
1-3:30 pm
- **Nursing Home Open Door Call — September 24; 6-7 pm**
- **Activities (Pioneer Project) Satellite Broadcast — Sept 27, 1 pm**
- **Survey & Certification Group Call**
— September 11, 2-3 pm
— September 25, 2-3 pm

October

- **AHFSA Conference—**
October 20-23; Williamsburg, VA


**Survey & Certification
Group, CMSO**